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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730293** **(8)**

1. Corporation Name

DEERWOOD VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6015 MORROW STREET E SUITE 211 JACKSONVILLE FL 32217	6015 MORROW STREET E SUITE 211 JACKSONVILLE FL 32217-2137

3. Date Incorporated or Qualified: 07/26/1974
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-1564288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BANNING, TERENCE K.
6015 MORROW STREET E
SUITE 211
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE T. Terence K Banning 4-23-97
Signature, typed or printed name of registered agent and title if appl cable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NICKERSON, WILLIAM		1.2 NAME		
STREET ADDRESS	10108 LEISURE LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRANTHAM, MARIAN		2.2 NAME		
STREET ADDRESS	10135 CROSS GREEN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	HARDY, WILLIAM		3.2 NAME	Hardy, William	
STREET ADDRESS	10017 LEISURE LANE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEVERANCE, JAY		4.2 NAME		
STREET ADDRESS	10139 CROSS GREEN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE,F L.		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANGELS, ADOLPH		5.2 NAME		
STREET ADDRESS	10031 LEISURE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Hodges, Margaret	
STREET ADDRESS			6.3 STREET ADDRESS	10027 Leisure Lane N	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville FL 32256	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR Terence K Banning PST Hardy 23/04/97 (904) 565-2758
Date Daytime Phone number